

County Position(s) _____

Board(s) and/or Committee(s) _____

**ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FOR THE
COUNTY OF ERIE
FOR CALENDAR YEAR 2014**

(Include information for the period from 1-1-2014 to 12-31-2014)

Fill in all questions completely. Leave NO blanks

Part A

1. Name & Address

First Name Middle Initial Last Name

Title

Department or Agency

Department or Agency Address

Residential Address

2. Spouse & Children

Marital Status: _____

Name of Spouse: _____

Dependent child/Age*

Dependent child/Age

Dependent child/Age

Dependent child/Age

NONE

* Dependent child is defined as a son, daughter or stepchild **under 18, unmarried and living in your household.**

NAME: _____

3. Interest in Contracts

Describe any monetary interest and/or connection that you, your spouse or your dependent children have in any contract involving the County or any municipal corporation located within the County of Erie.

Name of Family Member

Contract Description

_____ NONE

4. Gifts and Honoraria

The term "gifts" includes gifts of cash, property, personal items, services, payments to third parties on your behalf, loans, forgiveness of debt, honoraria, travel, entertainment, hospitality, tickets, any financial transaction on terms not available to the general public, and/or any other payments that are not reportable as income. The term "gifts" shall not include normal hospitality or promotional materials received within the past year if such hospitality or materials which when aggregated by source, do not exceed \$75.00 in value and are not received in circumstances in which it might reasonably be inferred that they were given with the intention to influence or reward you in relation to the performance of your duties.

List the source of any gift over \$75 or gifts totaling more than \$75 received during the preceding calendar year by you, your spouse or dependent child, excluding gifts from a relative.

Gifts/Honoraria (and value)

Source

_____ NONE

NAME: _____

5. Political Parties

List any positions you have held within the past five (5) years as an officer of any political party.

_____ NONE

Part B

Note: For applicable questions 6 through 8, do not report exact dollar amounts. Instead, report categories of amounts using the following:

Category A: Under \$5,000
Category B: \$5,001 to \$10,000
Category C: \$10,001 to \$25,000

Category D: \$25,001 to \$50,000
Category E: \$50,001 to \$100,000
Category F: Over \$100,000

6. Financial Interests

- a. Business Positions. List any office, trusteeship, directorship, partnership or other position in any business, association, proprietary or not-for-profit organization held by you, or your spouse or dependent children, if any, and indicate whether these organizations are involved with the County of Erie in any manner.

Name of Family Member	Position	Full Name of Organization	County Involved Yes/No
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_____	_____	_____	_____
_____	_____	_____	_____

_____ NONE

NAME: _____

- b. Outside Employment. Describe any outside occupation, employment, trade, business or profession providing more than \$1,000/year for you or your spouse or dependent children, if any, and indicate whether such activities are regulated by County of Erie.

Name of Family Member	Position	Organization	Regulated by County of Erie Yes/No
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_____	_____	_____	_____
_____	_____	_____	_____

_____ **NONE**

- c. Future Employment. Describe any contract or agreement you or anyone else in your family has with respect to employment after leaving your County office or position.

_____ **NONE**

- d. Past Employment earnings. Identify the source and nature of any income in excess of \$1,000 during the reporting year from any prior employer, including deferred income, contributions to a pension or retirement fund, profit sharing plan, severance pay or payments under a buy-out agreement.

Name and Address of income source	Description of (i.e. Pension, Deferred, etc.)	Category of amount
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_____	_____	_____
_____	_____	_____

_____ **NONE**

Category A: Under \$5,000

Category B: \$5,001 to \$10,000

Category C: \$10,001 to \$25,000

Category D: \$25,001 to \$50,000

Category E: \$50,001 to \$100,000

Category F: Over \$100,000

Name: _____

- e. **Investments.** Itemize and describe all investments which exceed a value of \$5,000 (except for investments held as shares of fractional interests of an entity or enterprise, where the value of such investment does not exceed 5% of the total value of the entity or enterprise) in any business, corporation, partnership or other assets, excluding personal savings and retirement accounts, but including stocks, bonds, loans, pledged collateral and other investments, for you or your spouse or dependent children, if any.

Name and Address Of Family Member	Description of investment or business	Category of amount
_____	_____	_____
_____	_____	_____
_____ NONE		

- f. **Real Estate.** List the location of all real estate, including your personal residence, within the County of Erie in which you, your spouse or dependent children, if any, have an interest, regardless of the value of such real estate.

Name of Family Member	Address of Real Estate	Category of amount
_____	_____	_____
_____	_____	_____
_____ NONE		

Category A: Under \$5,000

Category B: \$5,001 to \$10,000

Category C: \$10,001 to \$25,000

Category D: \$25,001 to \$50,000

Category E: \$50,001 to \$100,000

Category F: Over \$100,000

NAME: _____

- g. **Trusts.** Identify each interest in a trust or estate or similar beneficial interest in any assets in excess of \$2,000 (except for IRS eligible retirement plans or interests in an estate or trust of a relative) for you and your spouse and dependent children.

Name of Family Member	Trustee	Description Trust	Category of Amount
_____	_____	_____	_____
_____	_____	_____	_____

_____ **NONE**

- h. **Other Income.** Identify the source and nature of any income in excess of \$1,000/year from any source not described above, including teaching income, lecture fees, consultant fees, contractual income or other income of any nature, for you or your spouse or your dependent children, if any.

Name of Family Member	Name, Address Income Source	Nature of Income	Category of Amount
_____	_____	_____	_____
_____	_____	_____	_____

_____ **NONE**

Category A: Under \$5,000

Category B: \$5,001 to \$10,000

Category C: \$10,001 to \$25,000

Category D: \$25,001 to \$50,000

Category E: \$50,001 to \$100,000

Category F: Over \$100,000

NAME: _____

7. Third-Party Travel Reimbursements

Identify and describe the source of any third-party payment or reimbursement for County of Erie travel-related expenditures in excess of \$250.00 for any matter that relates to your official duties. The term "reimbursement" includes any travel-related expenses provided by anyone other than the County for speaking engagements, conferences, seminars, trade shows or fact-finding events that relate to your official duties.

Source	Description	Category of Amount
_____	_____	_____
_____	_____	_____
_____ NONE		

8. Debts

Describe all debts of you, your spouse, and dependent children in excess of \$5,000 (**other than** debts owed to relatives, mortgages on your primary residence and retail accommodations such as charge accounts, lines of credit and credit cards, extended in the normal course of business, which are ordinarily available to the general public by financial institutions and/or merchants and which are not extended in circumstances in which it might be reasonably inferred that they were extended with the intention to influence or reward you in relation to the performance of your duties):

Name of Family Member	Name of Creditor	Category of Amount
_____	_____	_____
_____	_____	_____
_____ NONE		

Category A: Under \$5,000

Category B: \$5,001 to \$10,000

Category C: \$10,001 to \$25,000

Category D: \$25,001 to \$50,000

Category E: \$50,001 to \$100,000

Category F: Over \$100,000

NAME: _____

Sworn and subscribed by me

This ____ day of _____, 20____

SIGNATURE

(NOTE: YOUR SIGNATURE DOES NOT HAVE TO BE ACKNOWLEDGED BY A NOTARY PUBLIC; YOU ARE SIMPLY SWEARING THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE FORM.)

RETURN FORM BY MAY 15, 2014 TO: *Ethics Committee*
 95 Franklin St.
 Buffalo, NY 14202

FAILURE TO FILE A COMPLETE AND TIMELY DISCLOSURE FORM MAY RESULT IN A FINE.